

**DEFERRED EXAM - FIRST VISIT**

DEFINITION	Hormonal contraceptives other than IUDs, and implants, may be given to selected clients provided approved guidelines are followed and arrangements are negotiated for complete medical services. Refer to Quality Family Planning (QFP) Table 1 for assessment recommendations. See plan for further details.
SUBJECTIVE	Should include: 1. LMP. 2. Last unprotected intercourse. 3. Targeted history OR Initial History-Female (see policy on deferred exam MSA-33).
OBJECTIVE	Should include: 1. Baseline blood pressure. 2. Height, weight and BMI. 3. Documentation in the client's record that includes reason(s) for the deferral.
LABORATORY	May include (if indicated): 1. High sensitivity pregnancy test if not on reliable method of birth control, or unsure of LMP. 2. STI screenings.
ASSESSMENT	Deferred exam - first visit.
PLAN	1. If conditions are met and documented, up to three to six months of hormonal contraceptives may be provided without a physical examination or laboratory tests. (All physical examination and laboratory test requirements stipulated in the prescribing information for specific methods of contraception must be followed. Physical examination and related prevention services should not be deferred beyond 3 months after the initial visit, and in no case deferred beyond 6 months, unless in the clinician's judgment there is a compelling reason for extending the deferral.) 2. Prescribe contraception, including dosage, number prescribed, and directions for use.
CLIENT EDUCATION	1. Provide client education. Review symptoms, complications, and danger signs. 2. Review safer sex education, if appropriate. 3. ECP reviewed. 4. Counsel about the importance of preventive services and possible risks associated with declining or delaying



	preventive screening tests or procedures. 5. Advise client to RTC for complete medical exam within three months. Negotiate a time to complete exam and may set up exam appointment before leaving. 6. Recommend that client RTC PRN for any problems or as indicated.
CONSULT/ REFER TO MD	1. Any client with prescribing precautions for combined oral contraceptives. (See tables 3 and 4 of protocol CON-6-1, Precautions in the Provision of Combined Contraceptives.) 2. Any client with prescribing precautions for Progestin-only contraceptives. (See tables 3 and 4 of protocol CON-6-2, Precautions in the Provision of Progestin-only Contraceptives.)

Revised ~~2/08-09/11, 1/14~~ 6/16

References:

1. Hatcher, R. A., Trussell, J., Nelson, A., Cates, W., Kowal, D., Policar, M.S., (2011) Contraceptive Technology (20th ed.). New York: Ardent Media, Inc.
2. US Selected Practice Recommendations for Contraceptive Use. 2013. <http://www.cdc.gov/reproductivehealth>